

Case OR-7289

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SAMUEL A. SANGOKOYA, ET AL.)

APPN. NO.: 10/751,144)

FILED: DECEMBER 31, 2003)

HALOALUMINOXANE)
COMPOSITIONS, THEIR)
PREPARATION, AND THEIR USE IN)
CATALYSIS)

GROUP ART UNIT: 1713

EXAMINER: CAIXIA LU

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

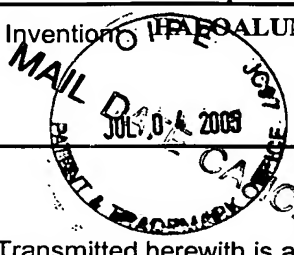
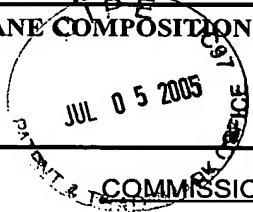
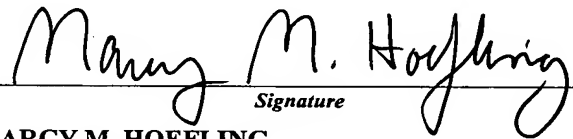

Sir:

This is in response to the Office Action mailed in the above application on March 30, 2005. Applicants respectfully request reconsideration of this application in view of the following amendments and remarks.

Remarks begin on Page 2 of this Response.

An Exhibit A referenced in the Remarks also is attached.

1Fw 1754

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. OR-7289	
Applicant(s): SAMUEL A. SANGOKOYA, ET AL					
Application No. 10/751,144	Filing Date December 31, 2003	Examiner CAIXIA LU	Customer No. 7982	Group Art Unit 1713	Confirmation No. 1754
Invention: HYDROALUMINOXANE COMPOSITIONS, THEIR PREPARATION, AND THEIR USE IN CATALYSIS					
  COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58 -	58 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 01-0659 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: JUNE 29, 2005		
MARCY M. HOEFTLING Reg. No. 33,955 ALBEMARLE CORPORATION Law Department 451 Florida Street Baton Rouge, Louisiana 70801 (225) 388-7210			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on JUNE 29, 2005 (Date)  _____ Signature of Person Mailing Correspondence CYNTHIA M. FARR _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					